


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 720396			
1. Entity Name TWIN LAKES VILLAGE FIRST, CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5402 CHAD PL. NEW PORT RICHEY, FL 34652	Mailing Address 5402 CHAD PL. NEW PORT RICHEY, FL 34652		
DO NOT WRITE IN THIS SPACE			
		03012006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-1680029	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FROST, HOMER C 5401 PALM DR NEW PORT RICHEY, FL 34652		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000455810 03/16/06-80004-008 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FROST, HOMER C 5401 PALM DR N. PORT RICHEY, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, GUNNAR 5434 CHAD PL #5 NEW PORT RICHEY, FL 34652		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORNELIUS, JERRY 5423 PALM DR. NEW PORT RICHEY, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LENTZ, DONALD 5431 PALM DR. NEW PORT RICHEY, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BACHMAN, JOHN 5417 PALM DR NEW PORT RICHEY, FL 34652		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WESSMAN, ANN 4931 EUCLID AVE NEW PORT RICHEY, FL		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Ann B. Wessman Trust - ANN B. WESSMAN</u>		3-5-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	